

Great West Life & Annuity Insurance Company
AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUND TRANSFERS (ACH CREDITS)

THIS FORM CANNOT BE USED FOR PARTIAL OR LUMP SUM WITHDRAWALS. The text of this form cannot be altered.

PAYEE INFORMATION

Payee Name
Address - Street & Number
City State Zip Code
Social Security Number
Plan Number
Birth Date
Home Phone Work Phone

FINANCIAL INSTITUTION INFORMATION

As the Payee, I hereby authorize and direct the Great - West Life & Annuity Insurance Company to make any and all payments which hereinafter become payable to me as they become due to the order of the following named Financial Institution, for credit to the account I have designated below.

Joint Checking Account - You must attach a VOIDED check.
Personal Checking Account - You must attach a VOIDED check.
Joint Savings Account - You must attach a VOIDED deposit slip.
Personal Savings Account - You must attach a VOIDED deposit slip.
(Designate one account above)

Financial Institution Name
Branch (if applicable)
Financial Institution Account No.
Transit/ABA No.
City State Zip Code

NOTE: You may not designate a business account or an IRA. For direct rollovers to an IRA (not allowed for participants in 457 plans), contact your Great - West representative for the appropriate form.

FINANCIAL INSTITUTION ACKNOWLEDGEMENT - SIGNATURE REQUIRED

On behalf of the FINANCIAL INSTITUTION named above, I certify that upon receipt of written notice from Great - West Life & Annuity Insurance Company, hereinafter called the COMPANY of any overpayments made in accordance with this Agreement during or after the lifetime of the above designated Payee, the FINANCIAL INSTITUTION agrees to refund to the COMPANY such payments provided that the Payee's Financial Institution account herein named, or any other successor account the FINANCIAL INSTITUTION has allowed the Payee to use for this instrument's purposes, contains sufficient funds to reimburse the COMPANY. We agree to accept ACH credit entries, and if necessary, debit entries as noted above.

Financial Institution Officer Signature
Title
Date

PAYEE AUTHORIZATION

I hereby authorize the COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated above and the Financial Institution, in the form of an electronic fund transfer to credit and/or debit the same to such account. I understand that the COMPANY will make payments in accordance with the directions I have specified on this form until I notify the COMPANY in writing that I wish to cancel this Agreement. Notice of cancellation must be made by me at least 30 days prior to a payment date for the cancellation to be effective with respect to my subsequent payments. I understand that the COMPANY reserves the right to terminate the Authorization Agreement For Electronic Fund Transfers for any reason and will notify me in the event of such termination by sending notice to my last known address on file with the COMPANY. I acknowledge that it is my obligation to notify the COMPANY of any address changes or other changes affecting electronic fund transfers during my lifetime, and I, and not the COMPANY, shall be solely responsible for any liability which may arise out of my failure to provide such notification or other changes affecting wire transfers. I agree that all payments made by the COMPANY in accordance with this properly completed Agreement shall completely discharge the COMPANY with respect to such payments. I hereby authorize and direct the FINANCIAL INSTITUTION not to hold for my benefit, nor the benefit of my Estate for any current or future Joint Accountholder; any overpayments made by the COMPANY during or after my lifetime, and to debit my account and refund to the COMPANY such overpayments for determination of remaining benefits and payment to the beneficiary, if applicable. I understand that if this form is not properly completed by me or the designated FINANCIAL INSTITUTION, the COMPANY will make payments directly to my last known address on file with the COMPANY.

Payee Signature
Date

You must obtain either the signature of a notary or the signature of two witnesses.

Statement of Notary
Statement of Witnesses
State of
County of
Notary Public
My Commission Expires:
The above direct deposit election was subscribed before me by
The payee whose signature we have witnessed is known to us and has signed this form in our presence.
Witness
Date

JOINT FINANCIAL INSTITUTION ACCOUNTHOLDER ACKNOWLEDGEMENT (complete only if account is held jointly)

As the joint accountholder of the Payee's FINANCIAL INSTITUTION account, I hereby authorize and direct the FINANCIAL INSTITUTION not to hold for my benefit any overpayments made by the COMPANY during or after the lifetime of the Payee and to debit my account and refund to the COMPANY such overpayments for determination of remaining benefits and payment to the beneficiary, if applicable.

Joint Financial Institution Accountholder Name (please print)
Joint Financial Institution Accountholder Signature
Date

ACH is a form of electronic transfer in which Great–West can transfer your series of payouts directly to your Financial Institution.

Please allow at least 15 days to begin using the ACH transfer for your payouts. Upon receipt of a properly completed ACH Request form, we will establish a pre–notification to your Financial Institution with the account information you have provided. The pre–notification process takes approximately 10 days in which your Financial Institution will confirm back to Great–West that the account and routing information submitted on the pre–notification is correct and they will accept the ACH transfer. Once the pre–notification has been confirmed, your payouts will be transferred to your Financial Institution within 2 days of the first payout date occurring after we receive confirmation from your financial institution.

If your payments are withdrawn from investments which are subject to time delays upon withdrawal, the deposit to your Financial Institution will be delayed.

In the event of a change to your Periodic Payments including but not limited to, changes to the payout date, payout option and investment options from which funds are being distributed, the pre–notification process for electronic funds transfer will need to be re–established. As a result your electronic funds transfer may be subject to a delay and a check will be sent to your Financial Institution.

If the pre–notification is rejected by your Financial Institution because they cannot accept the information we received from you or because your account has been closed, or your account number or the financial institution’s routing number has changed, etc., you will be notified, and your checks will be mailed directly to you until you submit a new ACH Transfer Form.

As a result, it is important that you continue to notify us in writing of any changes to your residential address so that any checks we must issue are mailed to the appropriate address.